

Polk HealthCare Plan (PHP) Pre-Certification Form

THIS FORM IS INTENDED ONLY FOR CONTRACTED PHP NETWORK PROVIDERS.

Name of person filling out form		Phone or fax #	
Date of Call/Fax		Time of Call/Fax	
Caller Name		Phone or fax #	

MEMBER INFORMATION

Member SSN#		Member ID#	
Member Name		Member DOB	
Member Address		Member Phone #	
Group Number	15875		

CASE INFORMATION

Case Type	<input type="checkbox"/>	Inpatient	<input type="checkbox"/>	Outpatient
Type of service	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Surgical
Urgency	<input type="checkbox"/>	Elective	<input type="checkbox"/>	Emergent
Reference number (if continued case information)				
Date of Service:				
Diagnoses codes				
Procedure codes				
Procedure name				

HOSPITAL INFORMATION

Hospital Name	
Address	
City, State Zip	
Phone	

PHYSICIAN INFORMATION

Physician Name	
Address	
City, State Zip	
Phone	
Physician Specialty	

SPECIAL INSTRUCTIONS:	
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**Send form via fax to American Health Holding:
(844) 241-9075**

Polk HealthCare Plan Contact:
Paula McGhee, *Provider Services Manager*
2135 Marshall Edwards Dr. Bartow, Florida 33830
Phone: (863) 519-2003